

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

77021658  
State File No. ....

FILED JUN 17 1957

BIRTH NO. ....		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4262</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Knox</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Knox City</b>		c. CITY OR TOWN <b>Knox City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>10 yrs</b>				f. STREET ADDRESS <b>0520</b> (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence of daughter</b>							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>TAYLOR</b>		b. (Middle) <b>CAMPBELL</b>		c. (Last) <b>LECKBEE</b>	
4. DATE OF DEATH		(Month) <b>June</b>		(Day) <b>7,</b>		(Year) <b>1957</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Dec 29, 1875</b>		9. AGE (In years last birthday) <b>81</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Knox County</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Wm. Sherman Leckbee</b>		13b. MOTHER'S MAIDEN NAME <b>Effie Beaver</b>		14. NAME OF HUSBAND OR WIFE <b>Delpha May Patton</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>lost</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Austin Parrish</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Arterio Sclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>10 yr</b> <b>20 yr</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>4221</b>				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1945</u> to <u>June 7, 1957</u> , that I last saw the deceased alive on <u>June 6, 1957</u> and that death occurred at <u>7:40 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Waldo B. Brown MD</b>		(Degree or title)		23b. ADDRESS <b>Knox City Mo</b>		23c. DATE SIGNED <b>6/9/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9 June '57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Knox City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Knox City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>June 12</b>		REGISTRAR'S SIGNATURE <b>Welle L. Humalt</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. B. Eimer</b>			
				ADDRESS <b>Edina, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by A. H. Primer, Student Embalmer No. 54

working under my personal supervision.

Student A. H. Primer  
Signature of Student Embalmer

Signed Mrs. J. W. Hudson

Licensed Embalmer No. 297

P. O. Address Edina

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.